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## BIB DATA SHEET

CONFIRMATION NO. 8515

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/773,836		600	3737	P2015 DIV 1

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/538,119 03/29/2000 PAT 6,726,677  
 and is a CIP of 09/282,774 03/31/1999 PAT 6,375,615  
 which claims benefit of 60/080,196 03/31/1998

This application 10/773,836 02/05/2004  
 is a CIP of 08/837,294 04/11/1997 PAT 6,302,875  
 and is a CIP of 09/179,809 10/27/1998 PAT 6,068,638 \*  
 which is a CON of 08/730,496 10/11/1996 PAT 5,830,222  
 which claims benefit of 60/005,164 10/13/1995  
 and claims benefit of 60/010,613 02/02/1996

(\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

05/05/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Verified and Acknowledged	/JAMES M KISH/ Examiner's Signature	Initials	CA	17	33	1

**ADDRESS**

MEDTRONIC VASCULAR, INC.  
 IP LEGAL DEPARTMENT  
 3576 UNOCAL PLACE  
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 UNITED STATES

**TITLE**

Stabilized tissue penetrating catheters

FILING FEE RECEIVED 1836	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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